

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	NOVEL ENDOTHELIAL CELLS, ANTIBODIES DIRECTED AGAINST SAID CELLS AND USE THEREOF, IN PARTICULAR FOR SCREENING ANGIOGENESIS INHIBITING SUBSTANCES
Attorney Docket Number::	0508-1134
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	11
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name:: PIERRE
Family Name:: PLOUET
Name Suffix::
City of Residence:: TOULOUSE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 3, RUE NOULET
Address::
City of Mailing Address:: TOULOUSE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-31400

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: SANDRINE
Middle Name:: FLORENCE
Family Name:: PEDRON
Name Suffix::
City of Residence:: RAMONVILLE SAINT AGNE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 10, AVENUE D'OCCITANIE
Address::

City of Mailing Address:: RAMONVILLE SAINT AGNE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-31520

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARTINE
Middle Name:: MICHELE
Family Name:: MAITRE-BOUBE
Name Suffix::
City of Residence:: TOURNEFEUILLE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing
Address::
City of Mailing Address:: TOURNEFEUILLE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-31170

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2003/002996	10/10/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/12606	10/10/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::